

**MULTIPLE-DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10674500**  
APPLICANT(S)

FILING DATE **10-1-83**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	5					
TOTAL DEP.		6				
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						